

Meeting the Challenges of Contemporary Foster Care

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SUMMARY

Over the past two decades, the foster care system experienced an unprecedented rise in the number of children in out-of-home care, significant changes in the policy framework guiding foster care practice, and ongoing organizational impediments that complicate efforts to serve the children in foster care. This article discusses the current status of the foster care system and finds:

- ▶ Agencies often have difficulty providing adequate, accessible, and appropriate services for the families in their care.
- ▶ Children of color, particularly African-American children, are disproportionately represented in foster care, a situation which raises questions about the equity of the foster care system and threatens the developmental progress of children of color.
- ▶ Foster families can find the experience overwhelming and frustrating, causing

many to leave foster parenting within their first year.

- ▶ Organizational problems such as large caseloads, high staff turnover, and data limitations compromise efforts to adequately serve and monitor families.

The challenges before the foster care system are numerous, however the authors believe promising policies and practices aimed at strengthening families, supporting case workers, providing timely and adequate data, and infusing cultural competency throughout the system, can move the foster care system forward in the coming years.

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The foster care system faces serious challenges in the twenty-first century. Major societal problems such as high rates of child and family poverty, homelessness, unemployment, substance abuse, HIV/AIDS, unequal education, family and community violence, and racism have a deleterious effect on families and directly impact child well-being and the child welfare system. According to the U.S. Department of Health and Human Services, "These factors have contributed to the development of large caseloads of families that have multiple and complex needs. The child welfare system must respond to these needs, while protecting the rights of children and families and ensuring the safety of children."¹

The primary goal of foster care is to ensure the safety and well-being of vulnerable children. In that spirit, the principal provisions of the Adoption and Safe Families Act (ASFA) were developed to decrease the time to permanent placement, increase the incidence of adoption and other permanency options, enhance states' capacity for reaching these goals, and establish per-

formance outcome measures to increase accountability.² (See the article by Allen and Bissell in this journal issue.) The foster care system is expected to meet these goals while simultaneously facing a decrease in the number of unrelated foster homes, long waiting lists for substance abuse treatment, a lack of affordable housing and child care, increased unemployment, shortened time limits for public welfare assistance, and heightened public scrutiny.

This article discusses the status of contemporary foster care and the challenges currently faced by the child welfare system. The article begins by discussing some of the factors that lead to children being placed in foster care and provides a demographic profile of foster children. It also explores factors that contribute to the disproportionate representation of children of color in child welfare. The article then discusses the foster care experience from both the child's and the foster parents' perspective, and it explores the institutional challenges in meeting both children's and parents' needs. The article closes with policy and practice recommenda-

tions for improving foster care and the child welfare system in the twenty-first century.

Major Challenges Facing the Child Welfare System

The child welfare system faces multiple challenges in serving and supporting the families and children in its charge. Throughout the 1980s and 1990s, child welfare caseloads grew substantially. Increasingly, the families and children who come to the attention of child welfare agencies present complex needs requiring the provision of multiple services. However, child welfare agencies do not have control over all the services needed, thus they must develop interorganizational relations with private for-profit agencies, private nonprofit agencies, and other service systems to ensure access for their clients. Children of color are disproportionately represented and receive differential treatment in the child welfare system. Moreover, these challenges must be confronted in light of high staff turnover and difficulties recruiting foster families. These challenges are discussed below.

Expanding Caseloads with Complex Needs

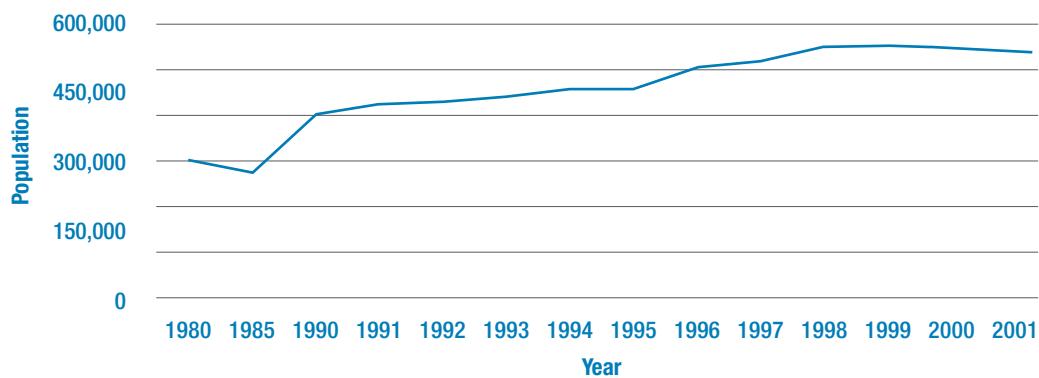
Major increases in the number of children entering foster care occurred in the 1980s and 1990s (see Figure 1). Reasons for the growing number of young children

in foster care include an increased number of births, a growing number of incarcerated mothers, and an increased exposure of children to substance abuse. In the 1990s, the number of children entering care began to decline, but as of September 2001, some 542,000 children³ were still in foster care (representing a decrease of about 5% from 2000).⁴ (See Figure 1.)

As illustrated in Figure 2, various aspects of the foster care population are noteworthy. In terms of race, African American children comprise the largest proportion of the foster care population, yet other children of color are also disproportionately represented in the foster care system. In terms of age, although the average age of children in care is 10, increasingly infants and children under age 5 are entering care.⁵ Well over one-quarter of all children in the foster care system are under age five.⁶ In 2001, nearly one-third of abused children were under age three; children younger than six accounted for 85% of all child fatalities due to child abuse; and approximately 40% of those deaths were babies under age one.⁷ In terms of placement type, most children are placed in nonrelative foster homes, but substantial numbers are also placed with relatives or in group homes or institutions. Finally, in terms of those exiting care, most are reunited with their birth parents or primary caretakers or are adopted (see Figure 2).

Figure 1

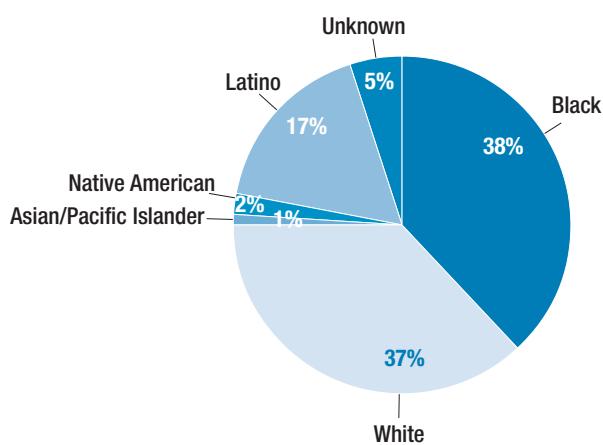
Foster Care Population 1980–2001



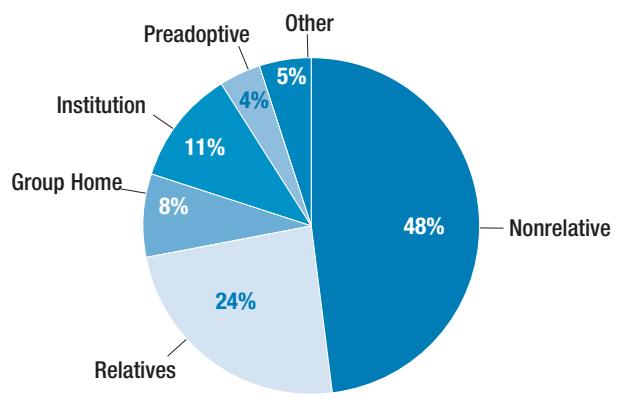
Sources: U.S. House of Representatives. *2000 green book: Overview of entitlement programs*. Washington, DC: Government Printing Office, 2000; U.S. Department of Health and Human Services. *AFCARS, Report #6*. Washington, DC: DHHS, 2001; and U.S. Department of Health and Human Services. *AFCARS, Report #7*. Washington, DC: DHHS, 2002.

Figure 2

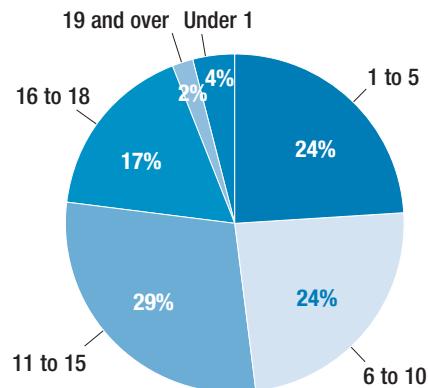
Race



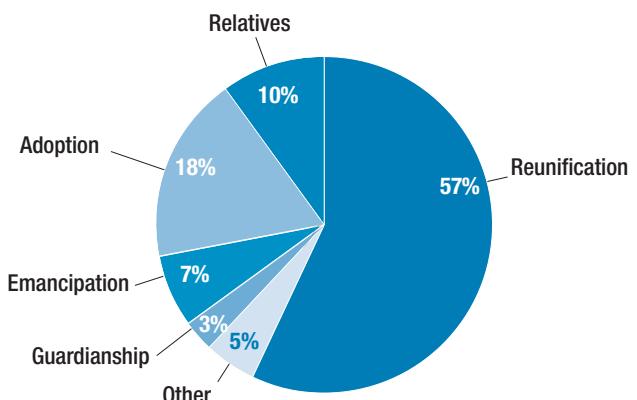
Placement Type



Age



Exit Type



Note: Some totals may not equal 100 due to rounding.

Source: U.S. Department of Health and Human Services. *The AFCARS report: Preliminary FY 2001 estimates as of March 2003*. Washington, DC: DHHS, 2003. Available online at <http://www.acf.hhs.gov/programs/cb/publications/afcars/report8.htm>.

Families who come to the attention of the child welfare system are vulnerable families with complex needs. The parents experience multiple stressors that weaken their ability to appropriately parent. According to the National Child Abuse and Neglect Data System (NCANDS), American Child Protective Services

(CPS) agencies received 3 million referrals concerning the welfare of approximately 5 million children in 2001.⁸ Of these, approximately 903,000 children were found to be victims of child maltreatment. Nationally, it is estimated that more than 275,000 children were placed in foster care as a result of child abuse investiga-

tions or assessments. The most common reason for entering foster care is neglect.⁹ Maltreatment deaths were associated with neglect (35%) more than any other type of abuse.¹⁰

Almost two-thirds of child victims suffered from neglect, thus a child is more likely to enter care due to neglect than due to physical abuse, sexual abuse, and psychological abuse combined.¹¹ However, neglect is often used as a catchall category, and the underlying reasons that may lead to parental neglect are often not accurately recorded. Children who come into state care often live in fragile family systems experiencing multiple stressors such as poverty, substance abuse, mental illness, physical illness, and domestic violence. Societal and familial problems such as parental incarceration and HIV/AIDS can also lead to involvement with the foster care system, yet our understanding of these connections is limited (see Box 1). Moreover, these family challenges tend to coexist and interact, presenting a complex family dynamic and a complicated set of service needs. Strengthening fragile families is a major challenge. Any efforts to stem the flow of children coming into foster care must provide comprehensive and coordinated support to these families.

Securing the appropriate kind and level of resources for children and families is an ongoing challenge for child welfare agencies for several reasons, however. Often, there is a mismatch between services offered and what families actually need to resolve their difficulties. For example, birth parents may be offered parent training classes or counseling when concrete services such as housing assistance or child care are needed more critically. Moreover, the challenges birth families face are often overlapping, complicated, and multifaceted, and public child welfare agencies do not have control over the numerous resources needed to serve these families. Often, agencies must develop cooperative agreements and mutual understandings with numerous public and private agencies to provide needed services, making for a complicated service-delivery network. Negotiating a fragmented service-delivery system can be confusing and frustrating for birth and foster families, as well as social workers.

Disproportionate Representation of Children of Color

Racial disproportion is a major challenge facing the child welfare system. Although studies have document-

ed that “there are no differences in the incidence of child abuse and neglect according to racial group,”¹² African American and Latino families are more likely than white families under similar circumstances to be reported for child abuse and neglect and to have children removed from the home.¹³ High poverty rates among children of color exacerbate this trend. As a result, children of color, who comprise 33% of the child population in the United States, constitute more than 55% of children in foster care placement. African American children are most seriously affected by disproportionality, composing only 15% of the child population yet 38% of children in care. American Indian children compose 2% of the foster care population, nearly double their rate in the general population. According to official data, Latino children are slightly overrepresented in child welfare, with Latino children composing 12.5% of the child population and 17% of children in care. However, there are indications that Latino children are coming into care at faster rates than other children.¹⁴

Equally disturbing, despite situational similarities, children of color are treated differently at critical points in the child welfare system. Once in care, children of color receive fewer familial visits, fewer contacts with caseworkers, fewer written case plans, and fewer developmental or psychological assessments. They tend to remain in foster care placement longer.¹⁵

Several key dimensions of the challenge of disproportional representation—including reasons for differential treatment, unique developmental needs of children of color, and the important role of communities and culturally competent workers in addressing these needs—are explored below.

Factors That Contribute to Disproportionality

Poverty and poverty-related challenges, structural inequality, and racially biased decision making are some of the factors that have contributed to the disproportionate representation of children of color in child welfare.¹⁶ More than 40% of African American and Latino children and 38% of American Indian children live below the poverty line.¹⁷ African American children are more likely to live in poverty longer than white children and are three times as likely to come from families with “incomes too low to meet even the adults’

Box 1**Factors That Affect Entry into the Foster Care System****Poverty**

Poverty remains the largest risk factor for poor health and well-being outcomes for children, and for entry into the foster care system. Poor children are twice as likely as nonpoor children to have developmental delays and mental disabilities; three times as likely to be hospitalized for chronic illness; five times more likely to die from a physical illness,^a and more likely to suffer from a lack of resources, such as adequate housing and proper nutrition. Poor children are also far more likely than middle-class children to be reported for abuse and neglect. "Children in families with incomes below \$15,000 are 45 times more likely to be victims of substantiated neglect than children in families with incomes above \$30,000."^b Poor children are also at higher risk for physical and sexual abuse than children from middle-class families.^c

Substance Abuse

Due to inconsistencies in data collection, estimating the number of children who come into care due to parental substance abuse is difficult. However, evidence suggests that a high percentage of children in foster care are there because of parental substance abuse.^d Child welfare agencies tend to focus their attention on infants and very young children of substance abusers, particularly children who have been prenatally exposed to illicit drugs. As a result, children from families with substance abuse problems tend

to come into the system at a younger age and remain in care longer, and they are more likely to be adopted than other children.^e

Domestic Violence

Domestic violence and child welfare are inseparably connected. It is estimated that domestic violence takes place in at least one-third of homes where child abuse exists,^f however, specific data on the number of children in foster care due to domestic violence are scant. Again, families experiencing domestic violence are often experiencing other difficulties, such as substance abuse, thus the removal may be subsumed under the general category of child neglect, and the problem of domestic violence may not be initially recognized. Notably, children of color appear to be removed from the home at greater levels than white children when domestic violence is involved.^g

Parental Incarceration

The number of parents in prison has doubled since 1986; 1.5 million children have an incarcerated parent, and more than 7 million children have a parent under some form of correctional supervision.^h However, it is unclear how many children in foster care are there because of parental incarceration. In 1999 it was estimated that 1.8% of men and 9.6% of women in state prisons had children placed in foster care. However, the actual numbers are like-

needs in the family."¹⁸ Providing adequate care and supervision for children while living within the constraints associated with acute poverty is extremely difficult. Even though most low-income parents do not abuse their children, poor children are more likely to enter the child welfare system, often for child neglect, than are children from higher-income families.

Racially biased decision making and structural inequities, such as a lack of community-based services, negatively interact and lead to more children of color entering foster care and fewer parents able to obtain the help they need to get them back. For example, many more white women than women of color, including pregnant women and parents, use illicit drugs.¹⁹ However, studies

have shown that African American children prenatally exposed to illicit drugs are much more likely than white children to be reported to child protective services²⁰ and are more likely to be placed in foster care, even after taking into account factors such as a family's previous child welfare involvement, the physical health of the child, and other related factors.²¹ Despite the large numbers of children of color in care due to parental substance abuse, there are few treatment programs available to serve communities of color. Limited substance-abuse and mental health services in communities of color are examples of structural inequalities that result in differential treatment based on race. Moreover, the lack of appropriate and accessible community-based services decreases the likelihood of successful family reunification.

Box 1**(Continued)**

ly higher.^j Growth in the female inmate population portends a growth in the number of children placed in foster care, as children with incarcerated mothers are more likely to come into care than those with incarcerated fathers.^j

HIV/AIDS

It is estimated that 125,000 to 150,000 children have lost mothers, their primary caregivers, to AIDS. Yet the number of children in

foster care as a result of losing a parent to the AIDS epidemic is not clear.^k Approximately 28% of children from families in which a parent has died of AIDS enter care, however, there is great variation in rates from state to state.^l “Nearly 8 percent of all infants who are abandoned in hospitals are reported to be HIV infected,” and they eventually end up in foster care.^m Although 43 of the 50 state child welfare agencies have policies on HIV/AIDS, this issue is in dire need of empirical investigation and documentation.

^aBerrick, J.D., Needell, B., Barth, R.P., and Jonson-Reid, M. *The tender years: Toward developmentally sensitive child welfare services for very young children*. New York: Oxford University Press, 1998; Golden, R. *Disposable children: America's child welfare system*. Belmont, CA: Wadsworth, 1997; and Lewit, E.M., Terman, D.L., and Behrman, R.E. Children and poverty: Analysis and Recommendations. *The Future of Children* (1997) 7(2):2–24.

^bLindsey, D., and Klein Martin, S. Deepening child poverty: The not so good news about welfare reform. *Child and Family Services Review* (2003) 25(1–2):165–73.

^cSee note b, Lindsey and Klein Martin.

^dAlthough states have begun reporting numbers of children whose parental alcohol or substance abuse is a factor in placement to the federal Adoption and Foster Care Analysis and Reporting System (AFCARS), there is wide variation across states in recording and reporting this data. Semidei, J., Feig Radel, L., and Nolan, C. Substance abuse and child welfare: Clear linkages and promising responses. *Child Welfare* 80(2):109–28.

^eU.S. Department of Health and Human Services. *Blending perspectives and building common ground: A report to Congress on substance abuse and child protection*. Washington, DC: U.S. Government Printing Office, 1999.

^fFleck-Henderson, A. Domestic violence in the child protection system: Seeing

double. *Children and Youth Services Review* (2000) 22(5):333–54.

^gEdelman, M. *Families in peril: An agenda for social change*. Massachusetts: Harvard University Press, 1989.

^hBilchik, S., Seymour, C., and Kreisher, K. Parents in prison. *Corrections Today* (2001) 63:108–12; and Mumola, C.J. *Incarcerated parents and their children*. Washington, DC: Bureau of Justice Statistics, 2000.

ⁱSee note h, Mumola. Inmates are not always willing to give information about their children; some inmates do not know they have fathered a child; and not all correctional facilities collect information on the children of inmates.

^jJohnson, E.I., and Waldfogel, J. Parental incarceration: Recent trends and implications for child welfare. *Social Service Review* (2002) 76:460–79.

^kCarter, A.J., and Fennoy, I. African American families and HIV/AIDS: Caring for surviving children. *Child Welfare* (1997) 46:107–26; and Stein, T.J. *The social welfare of women and children with HIV and AIDS: Legal protections, policies and programs*. New York: Oxford University Press, 1998.

^lDowns, S.W., Moore, E., McFadden, E.J., and Costin, L.B. *Child welfare and family services: Policies and practice*. 6th ed. Boston: Allyn and Bacon, 2000.

^mSee note a, Berrick, et al., p. 6.

Unique Developmental Needs

The disproportionate number of children of color in foster care is particularly problematic because of the unique developmental issues these children face. From infancy through adolescence, culture and ethnicity play a significant role in facilitating the healthy development of children of color.²² For example, infants of color may exhibit specific hereditary factors, such as advanced psychomotor and sensorimotor skills, including coordination skills and the ability to manipulate objects, which caretakers must consider to be responsive to children's needs during this vulnerable stage of development.²³ Beginning as early as age two, children of color are aware of differences in skin color and culture, and racial and ethnic labeling.

As children progress through early and middle childhood, they become increasingly aware that these differences have social meaning. During the middle stages of development, children often encounter their first prejudicial experiences, become aware of social inequities based on race, and are at risk of developing a negative self-image or even self-hate. It is also during the middle childhood years that differences in learning styles start to emerge. Children of color whose learning styles diverge from the mainstream may be labeled “disinterested” or “disobedient” and risk being inappropriately placed in special education or left back a grade.²⁴ This situation is particularly problematic for children of color in foster care, who face the additional barrier of moving from school to school, often with-



out anyone assuring that their educational needs are being met.²⁵ As children move into adolescence, developing a sense of self and positive identity becomes paramount. Adolescents are acutely aware of social differences and inequities. Faced with what can seem like insurmountable racial barriers, adolescents of color may experience feelings of anxiety, hopelessness, and despair.²⁶

The Role of Culture and Communities

The impact of racism and discrimination, and the need to develop skills for negotiating a sometimes hostile social world, distinctly shape an individual and cannot be discounted. For example, the ability to function “biculturally”—that is, within the larger society as well as within a specific community—is an important survival skill for children of color. Communities of color teach children how to negotiate being bicultural in a

healthy and safe manner.²⁷ The skill can be significantly difficult to acquire outside the community.

Learning to live biculturally is particularly important when cultural conflicts emerge. For example, many communities of color place significant emphasis on communalism, collective consciousness, and responsibility to extended family. These traditions may conflict with “American” cultural values, which have traditionally emphasized independence, self-reliance, and autonomy.²⁸ Consequently, although the foster care system focuses on preparing children to become independent, communities of color generally emphasize the importance of social obligation and connections to the family and larger community. This difference can pose developmental confusion for children of color in a foster care system whose objectives may conflict with their cultural heritage.

A culturally sensitive environment can provide a nurturing and protective foundation that children can draw upon in times of distress. For example, an engaged spiritual life is often an important characteristic of people of color and may provide stability and cultural continuity for children of color in care. Spiritually focused family rituals such as naming ceremonies and rites of passage emphasize principles such as communalism, social responsibility, interdependence, and racial pride, and place children within a family and community system that connects them to a larger historical and contemporary experience.²⁹ Such connectedness provides a stable force that can foster resilience for a child during tough times.

The impacts of migration and immigration status on family dynamics are also critical cultural factors for children in either documented or undocumented families.³⁰ Migration can add stress to a family unit, such as the frustration of not being able to understand or accept one’s new culture.³¹ This situation can cause intergenerational stress, as “biculturalism” may be easier for children than for their parents. Without a family and community that are sensitive to this dilemma and able to facilitate a healthy transition, a child could become confused about his or her identity. Immigration status can also affect a family’s willingness to interact with the child welfare system. Undocumented immigrants may be wary of the child welfare system

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due to fear of deportation or arrest. Documented immigrants may have similar concerns, particularly if they are associated with someone who is undocumented. Previous experiences with public officials in a country of origin may discourage an immigrant's willingness to share information. This history colors a person's experience and can create justifiable anxiety, fear, and mistrust of child welfare workers.³²

High Staff Turnover

One of the most pressing concerns of child welfare agencies is recruiting, training, and retaining competent staff. Ninety percent of state child welfare agencies report difficulty in recruiting and retaining workers.³³ Exceedingly high numbers of caseloads, poor working conditions, high turnover rates, and a poor public perception of the child welfare system are widely recognized as problems that contribute to the difficulty of attracting high-quality, innovative, and committed staff.³⁴ Increasingly, the public is demanding better results from beleaguered child welfare agencies, and these demands are reflected in policy changes that emphasize measuring outcomes and documenting processes leading to reunification or adoption. As a result, workers are spending an increasing amount of time meeting paperwork requirements rather than providing counseling, support, and encouragement to clients. Recruiting the most skilled social workers to work with the most vulnerable children and families is difficult under these circumstances. Moreover, only one-third of child welfare workers are trained social workers.³⁵ Providing adequate training, compensation, and institutional support for social workers could address some of these concerns.³⁶

Difficulties Recruiting Foster Parents

Foster parenting is one of the most demanding jobs a person can assume. Foster parents are expected to provide for the day-to-day needs of children; respond to their emotional and behavioral needs appropriately; arrange and transport children to medical appointments, mental health counseling sessions, and court hearings; advocate on behalf of foster children with

schools; and arrange visits with birth parents and case-workers. Given these high demands, it is not surprising that child welfare agencies often experience difficulty recruiting and retaining foster parents. Moreover, once recruited, foster parents face additional challenges as they endeavor to care for children with complex needs.

A decline in the number of nonrelated foster families has moved child welfare agencies to carefully consider the motivations for becoming a foster parent and to adopt innovative means of recruiting and retaining potential families. Individuals are compelled to become foster parents for a variety of reasons, most based on altruism and social responsibility. Most individuals become foster parents out of a sense of social obligation and a desire to enhance the life chances of a child. Other reasons cited are the desire to fulfill a societal need, religious reasons, the need for supplemental income, foster care as a step toward adoption, increased family size, and substitution for a child lost through death.³⁷

Commonly used recruitment tactics include advertisements in mass media, personal contacts, flyers posted in churches and civic organizations, and targeted recruitment efforts. In a survey of foster parents, the majority heard about foster parenting from other foster parents, mass media, or other sources.³⁸ Recruitment through faith-based organizations and targeted recruitment using race and residence as variables are most effective.³⁹ Targeted recruitment efforts identify specific groups that may have an interest in foster parenting and develop recruitment strategies rooted in an understanding of the culture and customs of local communities, as well as the groups themselves. Consequently, there is an increase in the likelihood of securing participation. Recently, there has also been an emphasis on utilizing market research to identify prospective foster families.⁴⁰ As opposed to utilizing limited resources to engage individuals known to be resistant and unwilling, the market research approach capitalizes on resources by focusing on those most willing or open to the notion of becoming foster parents and then con-

ncts them with children in need of foster parents. For a profile of who becomes a foster parent, see Box 2.

Despite innovative efforts to recruit foster parents, the number of non-kin foster homes continues to decline, even as the placement of children in foster care is increasing.⁴¹ In the 1970s and 1980s, non-kin families provided care for most children in foster care; however, by 1999, an estimated 142,000 licensed foster families cared for less than half (48%) of the children in care.⁴² Although the number of children in foster care increased by 68% between 1984 and 1995, the number of foster parents decreased by 4%.⁴³ The poor public image of the foster care system is one factor that makes it difficult to recruit and retain non-kin foster parents. Other considerations, such as the high cost of housing, changing family structures, and increasing numbers of women working outside the home, also make it difficult to become a foster parent. For example, potential foster parents, and particularly relative providers, may find themselves unable to meet strict housing requirements in their current homes and unable to obtain new housing or needed modifications. Consequently, these individuals may be ruled out as foster parents, when in fact the core issue is really poor housing options, not the quality or ability of the person to parent. At the same time, available families are underutilized by agencies: One-third of licensed foster parents have no children in the home at any given time.⁴⁴

The challenges facing the child welfare system are numerous. A growing caseload of children and families with multifaceted needs tests the capacity of child welfare agencies to secure and provide appropriate and adequate services. The disproportionate representation of children of color in the child welfare system is particularly troubling given the history and contemporary practice of systematic inequality. Additionally, most child welfare agencies report difficulties in recruiting and retaining staff and foster families. Recommendations for addressing these challenges will be discussed in the concluding sections of this article.

The Foster Care Experience

Living within the foster care system can be trying for both children and foster parents. From a child's per-

Box 2

Who Becomes a Foster Parent?

- More than three-quarters of non-kin foster parents are married and white, and less than 20% of non-kin foster parents are African American.
- The average age of both foster mothers and fathers is approximately 45.
- More than 50% of foster parents have incomes below \$29,999.
- More than 30% of foster mothers and 80% of foster fathers are employed full-time.
- Nearly one-quarter of foster parents have a high school diploma, and more than 30% have some professional training or college education.
- More than three-quarters of foster parents have at least one birth child, and 30% have adopted at least one child.
- Forty percent of foster parents live in suburbia, 36% live in urban communities, and 24% live in rural neighborhoods.
- On average, foster parents have 6.6 years of fostering experience.

Source: National Survey of Current and Former Foster Parents (NSCFFP). Conducted in 1991, this is the only nationally representative sample of foster families. Approximately 660 non-kin foster parents were surveyed. Cox, M.E., Orme, J.G., and Rhodes, K.W. Willingness to foster special needs children and foster family utilization. *Children and Youth Services Review* (2002) 24:293–317; and Cuddeback, G.S., and Orme, J.G. Training and services for kinship and nonkinship foster families. *Child Welfare* (2002) 51:879–909.

spective, the foster care experience can be emotionally traumatic, and it is associated with detrimental developmental outcomes and lower educational achievement. Foster parents are often expected to care for children, many with special needs, with inadequate financial support, minimal training, and limited access to respite care. The foster care experience from the perspectives of both children in care and foster parents is discussed below.

The Child's Perspective

Children who are removed from their homes and placed in foster care often experience detrimental short- and long-term effects. Researchers estimate that 30% to 80% of children in foster care exhibit emotional and/or

behavioral problems, either from their experiences before entering foster care or from the foster care experience itself.⁴⁵ Children entering foster care may experience grief at the separation from or loss of relationship with their natural parents. Children in care also face emotional and psychological challenges as they try to adjust to new and often changeable environments. Within three months of placement, many children exhibit signs of depression, aggression, or withdrawal. Some children with severe attachment disorders may exhibit signs of sleep disturbance, hoarding food, excessive eating, self-stimulation, rocking, or failure to thrive.⁴⁶ (See the article by Jones Harden in this journal issue.)

Children in foster care are also placed at greater risk educationally. In New York City, 3,026 foster care alumni were interviewed about their experiences in foster care. More than 40% stated that they did not start school immediately upon entering foster care, and more than 75% stated that they did not remain in their schools once placed in foster care. Nearly 65% reported that they transferred in the middle of the school year.⁴⁷ More than half of the young people who responded reported that they did not feel prepared to support themselves after leaving foster care, and an equal number were not satisfied with the quality of education received while in foster care.

The perceptions of foster care alumni regarding the inadequacy of their educational experiences are corroborated by a study of private foster care agencies.⁴⁸ Researchers in this study found that more than one-third of children in care had written language skills below grade level and that close to one-third had math and reading skills below grade level. Thirty to forty percent of youths in foster care are in special education.⁴⁹ Due to placement changes, children in foster care are often forced to change schools. This situation places them at a great disadvantage. They often have difficulty forming peer networks and support systems, feel stigmatized due to their foster care status, and are forced to resolve different curricula and varying educational expectations without continuity of instruction or services.⁵⁰

Retrospective studies examining the outcomes of young adults who were in foster care as children provide additional insights into the foster care experience. For example, one study found that children who

remained in foster care appeared to have greater feelings of insecurity than those who were adopted from foster care.⁵¹ Moreover, many youths leaving foster care end up in jail or on public assistance, or otherwise represent an economic cost to the community.⁵² A study of employment outcomes for youths aging out of foster care found that many were underemployed and progressing more slowly in the labor market than other low-income youths, and only half had any earnings in the two years after aging out of care.⁵³ At the same time, studies also find that providing support services for youths transitioning out of foster care significantly improved outcomes.⁵⁴ (See the article by Massinga and Pecora in this journal issue.)

In addition, some research indicates that foster care can have a positive impact on children. One study of children ages 11 to 14 found that, although placement caused severe disruption because of the need to blend into new neighborhoods, schools, and families and to make new friends, the children described their lives and circumstances positively.⁵⁵

The Foster Parents' Perspective

Once committed to the care of children, foster parents are confronted with a number of challenges as they try to attend to the complex needs of the children in their care with limited support. Historically, foster parents have been reimbursed at low rates and have been expected to subsidize children's care with their own funds. In 2000, the average monthly foster care reimbursement was \$387 for a 2-year-old, \$404 for a 9-year-old, and \$462 for a 16-year-old.⁵⁶ Low rates of compensation make it difficult for foster parents to meet the needs of young people in their care while simultaneously caring for the rest of the family.⁵⁷ Inadequate financial support can prove to be a disincentive to the most willing and desirable foster parent.⁵⁸ Moreover, foster children have seven times the developmental delays of similar children who are not in foster care placement.⁵⁹ As a result, foster parents are often required to give extra care and attention to address foster children's needs, but without any extra resources, support, access to respite care, or training.⁶⁰

Recent efforts to incorporate foster parents' perspectives into the planning and decision-making processes for the children in their care create additional expecta-

... less than one-third [of foster parents] report being well prepared, and often there is no reinforcement of what is learned in the training once the child comes home.

tions on top of the already enormous demands placed on foster parents. Historically, foster parents, preadoptive parents, and relative caregivers have not been viewed as active participants in these processes. Agencies tended to focus on the temporary nature of foster care, with little emphasis on the role that foster parents and relatives could play as members of a team committed to the safety, well-being, and permanence of children. However, in the current practice environment, caregivers are more often seen as playing multiple roles. In addition to nurturing children and promoting their healthy growth and development, they are expected to advocate for children, mentor birth parents, and provide members of the team (including social workers, lawyers, and judges) with key information about the well-being and permanency of children.⁶¹ Provisions in ASFA underscore the greater formal role foster parents are expected to play in caring for foster children by specifying that foster parents, preadoptive parents, and relatives who care for children in the custody of public child welfare agencies are to receive timely notice of permanency hearings and six-month periodic reviews, and must be afforded an opportunity to be heard.

To meet these challenges, foster parents not only need better financial support, they also need better case management support.⁶² Foster parents report feeling devalued by workers and stress the importance of respecting foster parents.⁶³ Lack of trust between workers and foster parents can arise from poor service integration, lack of service coordination, and the inaccessibility of workers to support foster parents. Foster parents find workers are often unavailable, even though the expectations to meet children's needs are rigorous.⁶⁴ To manage the tensions of competing demands, foster parents stress the need for workers to return their phone calls, keep them informed, better articulate what is expected of them, and be more readily available.⁶⁵

In addition, further efforts are needed to ensure foster parents' input is actively sought and valued in the decision-making process. For example, despite provisions in the federal law, focus groups in California indicated

that, in the previous two years, one-third of caregivers had not received any written notices of court hearings involving children in their care.⁶⁶ When notified, caregivers typically attended all court proceedings for the children in their care. However, focus groups with social workers, attorneys, and judges showed that they were ambivalent or opposed to foster parents being involved in court hearings and decision making regarding the children in their care. Social workers who were interviewed did not want caregivers involved in case planning, nor were they enthusiastic about the idea of having caregivers attend court hearings. Children's attorneys were open to the idea of caregivers attending court proceedings. Attorneys representing other stakeholders were not, however.⁶⁷

Finally, making better training available to foster parents is essential. Foster parents often complain about receiving inadequate training; less than one-third report being well prepared,⁶⁸ and often there is no reinforcement of what is learned in the training once the child comes home.⁶⁹ Effective foster parent training models exist, but they are not used consistently across local child welfare organizations.⁷⁰ For many foster parents, the fragmentation and irregularity of support can be traumatic.

For these reasons, many certified foster families become dissatisfied with their experiences as foster parents and quit fostering within the first year of service.⁷¹ Although better training is not the sole solution, it is one way to enhance the experience of foster parents and to motivate them to continue to serve.⁷² When foster parents receive quality training, they are more likely to retain their licenses, have greater placement lengths, and provide more favorable ratings of their experiences as foster parents.⁷³

Ensuring Safe, Stable, and Supportive Homes for Children

Improving service operations to ensure the safety and well-being of children in foster care, given the current

policy constraints, requires multiple strategies and significant creativity. A discussion of some of the measures that can lead to a more responsive and responsible child welfare system follows.

Responding to Children's Developmental Needs

Child welfare systems and services must be designed with the developmental needs of children at the forefront. For example, infancy and early childhood are acknowledged as the most fragile stages of development, yet increasingly, more children in these age groups are being placed in foster care. Some might argue that the increase in out-of-home placements for children in these age groups is warranted, given that this is a fragile developmental stage and child abuse rates for this age group are relatively high. However, placing children outside the home during this stage can be particularly harmful for their development. When safety can be assured, every effort should be made to either maintain children in their homes with the proper supports or to place them in a kinship community setting. The developmental literature tells us that "placement with a relative has psychological advantages for a child in terms of knowing his or her biologic roots and family identity."⁷⁴ When possible, prioritizing and utilizing kinship care may provide additional protective supports to the very young. (See the article by Geen in this journal issue.)

Child welfare workers should also work to ensure the positive developmental health of children. Developmentally sensitive child welfare practices would include conducting a comprehensive pediatric assessment within 30 days of placement; creating and coordinating centralized medical files and creating "health passports" for children; identifying a medical home and a health plan for each child; and creating standardized measures for developmental and psychological screening.⁷⁵ Foster parents and child welfare workers need training on the connections between developmental delays, culture, and environmental influences, and how to proactively identify possible difficulties. Additionally, greater collaboration between professionals and the creation of holistic developmental assessment tools, including psychosocial connections, are equally important to foster practices that encourage the healthy development of children in care.

Finally, developmentally sensitive child welfare policies must build on the existing strengths of children in foster care and their families. These strengths must be acknowledged when work with the child and birth parents begins. Acknowledging children's strengths and building upon them through appropriate direct interventions, administrative decisions, and public policies are critical for children's healthy development and well-being.

Addressing Disproportionality and Differential Treatment

The disproportionate removal of children of color and poor children from their homes should be acknowledged as a crisis in child welfare warranting immediate action. Discriminatory and differential treatment is evidenced throughout the child welfare system. Advocates for children should not dismiss these phenomena as either coincidence or a consequence of increased rates of abuse. Empirical studies have alerted child welfare advocates to the realities of poor children and children of color and their increased likelihood of being removed from home. Addressing racism, discrimination, and differential treatment is critical for better serving and improving the experiences of families and children of color. However eliminating race-based decision making is also important for better serving those white children who go without protection because they are not properly assessed and removed from abusive homes.

Diffusing Cultural Competence Throughout the System

Cultural competence must be infused into the child welfare system throughout the decision-making process.⁷⁶ This effort must go beyond hiring a bilingual staff member, adding a music component to a program, or hosting an international potluck dinner. As one researcher explains, "Cultural competence denotes the ability to transform knowledge and cultural awareness into health and/or psychosocial interventions that support and sustain healthy client-system functioning within the appropriate cultural context."⁷⁷ In child welfare, cultural competence is demonstrated when "an agency is aware of and accepts differences, promotes cultural knowledge, [and] has the ability to adapt practice skills to fit the cultural context of children,"⁷⁸ families, and communities. Cultural competence includes administrative and managerial teams

that reflect the clients being served and that support cultural adaptation of recruitment strategies, assessment tools, interventions, and evaluative methods. Appraisals and performance evaluations must include assessments of workers' abilities to engage in cultural competence. Supporting the development and substantiation of culturally competent models is a direct form of cultural competence, and establishing policies and procedures that are culturally rooted is necessary to guide practice on all levels.

Strengthening Families

Supporting and strengthening families is essential if we are to protect and nurture this nation's most vulnerable children. Alleviating the effects of poverty on fragile families can help reduce the numbers of children coming into foster care. When placement is necessary, extending the appropriate services and supports to birth families can help them resolve their difficulties and acquire the tools needed to get their children back. Moreover, actively involving birth parents in developing their own case plans can help them take ownership, and this process has been shown to increase compliance.

Increasing supports for foster parents, through enhanced communication with child welfare workers, increased financial support, enriched ongoing training, and respite care, can facilitate the retention of foster parents. The poor support currently offered may be a factor in the decreasing number of non-kin foster homes and the difficulty in recruiting and retaining foster parents. Emphasis must be placed on ensuring that foster parents are provided with respite care. When a prospective foster family resides in inadequate housing, rather than being ruled out as ineligible, efforts should be made to help the family secure appropriate housing or to make housing improvements in order to meet the specifications of the foster care system. Finally, providing foster parents with relevant training and a greater understanding of what to anticipate will increase their ability to meet the needs of foster children.

Ensuring Competent Staffing

Staff competence does not rest solely on the individual but involves the entire child welfare organization. The best and brightest social work schools have to offer are unlikely to join the ranks of child welfare, despite

bonuses and pay increases, when conditions continue to be poor and systems unresponsive to needed changes. Developing systems that support workers must be a priority, despite contemporary constraints. Strong supervisors with both clinical and managerial skills are critical for providing effective support to staff and ensuring that less-seasoned workers receive the direction they need.⁷⁹ Skilled supervisors assigned to manage a small number of staff will offer greater opportunities to fully enhance the experience and competence of child welfare workers.

Regular and ongoing trainings that provide continuing education credits toward professional degrees can also enhance staff and aid in retention. Training curricula should be based on sound data that support the needs of staff. Workers who do not see the connection between what they do, how to improve practice, and training curriculum will not be motivated to attend trainings. Bringing in experts with practical experience in the child welfare system will assist in shaping trainings that are grounded in the needs of staff.

Improving Data Collection and Accountability

News reports of foster children being abused while in care or "lost" in the system are all too frequent. Protecting children in care by developing structures and measures for establishing agency accountability is a paramount public concern. Again, adequately training and supporting staff is a critical element for establishing accountability, but careful analysis and utilization of administrative data can also be a powerful tool for diagnosing problems, identifying emerging issues, and monitoring agency efforts.

Child welfare agencies regularly collect administrative data on such variables as reason for removal, characteristics of children in care, placement type and duration, and exit outcome. Although there are limitations to administrative data, federal funding incentives to develop Statewide Automated Child Welfare Information Systems (SACWIS) and the availability of computerized, longitudinal administrative data give child welfare agencies tools with which to assess agency performance. Agencies can use this data to promote agency accountability, as well as to reward improved performance and to recognize workers and units that excel. Further, this data can be used to complement other

measures to insure that the quality of work is at the desired level.

For administrative data to be an important diagnostic and evaluation tool, however, improvements in state and local data collection are urgently needed. Currently, child neglect operates as a catchall category that obscures the underlying reasons for placement. This category needs to be further broken down so that reasons for placement such as parental substance abuse, mental illness, incarceration, or death can be properly documented. More detailed and accurate data would allow states to better plan programs for children in their jurisdictions and would illuminate the root causes of entry into foster care. States also need to stop relying on data that documents only what is occurring

at a particular point in time and better utilize the data in administrative databases for analyses and planning. For example, administrative data can be used to identify children placed with relatives or nonrelatives, or to analyze the disproportionate representation of minorities in care. This information can be further used to determine where such phenomena exist, down to the county or city level, and can provide the basis for better practice. Finally, better data is needed on services provided. Better data collection and ongoing analyses will allow policymakers, planners, administrators, and workers to do a better job serving children and families.

Experimenting with Innovative Models

Innovative models of family foster care that recognize the relational nature and community context of foster

Box 3

Innovative Foster Care Models

Family to Family

First introduced in Alabama, Maryland, New Mexico, Ohio, and Pennsylvania, Family to Family is now operating or under consideration in seven other states. In this model, recruitment efforts target those communities where foster parents are needed most. Foster parents are paid not only to care for children but also to develop a mentoring relationship with birth parents. Ideally, foster parents, birth parents, social workers, and community liaisons work together to reunify families.^a

Shared Family Care

The Shared Family Foster Care (SFFC) model involves the planned provision of out-of-home care to parents and their children. In this model, parents and host caregivers simultaneously share the care of children and work toward independent, in-home care by parents.^b Typical shared family care arrangements include residential programs for children that also offer residence and treatment for their

parents; drug and alcohol treatment programs for adults that also offer treatment for children; drug treatment programs for mothers and children; residential programs for pregnant and parenting mothers; and foster family homes that offer care for parents and children.^c Monthly SFFC costs are generally higher than those of basic family foster care placements, but because SFFC placements are typically shorter in duration the program appears to be, at a minimum, cost neutral. SFFC shows promise in protecting children and preserving families. However, it is not appropriate for everyone. Parents must demonstrate a real desire to care for their children and a readiness to participate in a plan to improve their parenting skills and life situations. Experience suggests that parents who are actively using drugs, involved in illegal activity, violent, or severely mentally ill (and not receiving appropriate treatment) are unlikely to benefit from this program. Parents in recovery, those with developmental disabilities, those who are socially isolated, and those with poor parenting skills are good candidates for SFFC.

^aMiller, C. Fostering community. *Children's Advocate* (March/April 2000), p. 8. Available online at <http://216.173.248.173/news/300ft.htm>.

^bBarth, R.P. and Price, A. Shared family care: Providing services to parents and children placed together in out-of-home care. *Child Welfare* (1999) 78(1):88–108.

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care hold promise for reinventing foster care. Two particularly promising models, Family to Family and Shared Family Foster Care, encourage social workers and foster families to reach out to birth families with the mentoring, community support, and services they need to reunify with their children, while simultaneously providing out-of-home care for children (see Box 3).

There are also a number of culturally competent inter-racial adoption programs that can serve as models for cultural competence in foster care more generally. These programs and organizations have worked successfully with children, foster and adoptive parents, and child welfare workers, and they provide an example of how to use cultural competence in working with each stakeholder in the foster care system (see Box 4).

Conclusion

The challenges facing the foster care system are daunting. Yet there are promising practices and models for addressing the needs of foster children. The system must acknowledge the interconnection between the multitude of factors that lead to children being placed in foster care and must develop a comprehensive and holistic array of services to serve fragile families. Providing foster families with the incentives and supports to facilitate their success is a primary issue for foster care's longevity as an option for children. Addressing the underlying racism and discriminatory treatment of poor people and people of color is both a social and a moral necessity.

Good child welfare practice depends on diligent and dedicated social workers, innovative service systems, effective policymaking, strong advocacy, and family and community partnerships. Organizational reforms that develop accurate and meaningful measures of performance while ensuring that staff members receive

Box 4

Models for Infusing Cultural Competency into Foster Care

Several successful cultural competency models utilized in the adoption process hold lessons for infusing cultural competency into the foster care system more generally. For example, ROOTS, Inc., an African American adoption agency in Atlanta, has a successful record of using culturally competent techniques to recruit and retain adoptive families. Specializing in placing hard-to-place children, ROOTS has been able to find permanent homes for children of color with racially matched families by using formal and informal networks. The Institute for Black Parenting (IBP), the first licensed adoption agency of color in the state of California, is another example of a culturally competent child welfare organization. IBP has been able to effectively recruit and retain families of color by training all staff in cultural competence, working with communities and churches, and maintaining flexible hours, along with other techniques. These programs provide evidence that success emanates from culturally competent practice.

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the support and training they need to optimize their working environment and achieve their long-term goals are critical to success. Although there are pressing challenges in contemporary foster care, there are also recognized solutions that, if honestly incorporated, could make a difference for these fragile yet promising children.

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70. The NOVA university model is a common foster parent training model. This model screens foster parents through a three-hour orientation and then commences with six three-hour sessions. The sessions emphasize group discussion and interaction; strong trainer experience and ability; specific exercises to enhance the skill base of foster parents; suggestions on how to negotiate working with the biological family; and, finally, what to expect from a foster child and how to respond. The ability to negotiate situations with biological parents may be particularly relevant for relative providers, as they may have more contact with biological parents and not know how to address these relationships in light of the circumstances. This model has been empirically tested and found to be reliable among a diverse group of foster parents.

71. See note 38, Cox, et al.; and note 61, Barbell and Freundlich.

72. See note 57, Fees, et al.

73. Lee, J.H., and Holland, T.P. Evaluating the effectiveness of foster parent training. *Research on Social Work Practice* (1991) 1:162–75.

74. American Academy of Pediatrics, Committee on Early Childhood Adoption and Dependent Care. Developmental issues for young children in foster care. *Pediatrics* (2000) 106:1145–50.

75. American Academy of Pediatrics, Committee on Early Childhood Adoption and Dependent Care. Health care of young children in foster care. *Pediatrics* (2002) 109:536–39. “Health passports” are documented medical records that can follow a child in different placement settings. Consequently, information on the health status of the child will not be lost, and the child can receive necessary care with an acknowledgement of previous medical conditions. Psychosocial connections are those social relationships, influences, and ways of thinking and feeling that are important in the helping process. See also note 5, Simms, et al.

76. See note 16, Pinderhughes.

77. See note 16, McPhatter, p. 261.

78. See note 22, Pecora, et al., p. 439.

79. See note 22, Pecora, et al.